

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-003558

AMENDED

Registration District No.

FILED JAN 25 1962

Primary Registration District No.

Registrar's No.

562

STATE FILE NUMBER

| | | | |
|---|---|--|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis. | | c. CITY OR TOWN Maryland Heights | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hosp. | | d. STREET ADDRESS (If outside, give location) 11643 Hedda Ave. | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Walter A. Burgert | | 4. DATE OF DEATH Month Day Year Jan. 12, 1962 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Jun. 13, 1912 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. Gaylard Container Co. | | 9. AGE (last birthday) 49 | |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Missouri | |
| 13a. FATHER'S NAME Louis Burgert | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13b. MOTHER'S MAIDEN NAME Anna F. Steppig | | 14. NAME OF HUSBAND OR WIFE Meta Burgert | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World war II | | 17. INFORMANT Maryland Heights, Mo. Meta Burgert 11643 Hedda Ave. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO (b) Coronary arteriosclerosis DUE TO (c) 420.1 | | INTERVAL BETWEEN ONSET AND DEATH 10 yrs | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Jan 19 52 to Jan 1962 and last saw him alive on Dec 6, 1961 Death occurred at 650 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) J. C. Messing, M.D. | | 22b. ADDRESS 634 W. Grand | |
| 22c. DATE SIGNED 2/13/62 | | 22d. DATE RECD. BY LOCAL REG. JAN 13 1962 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 1-15-62 | |
| 23c. NAME OF CEMETERY OR CREMATORY National Cem. | | 23d. LOCATION (City, town, or county) Jeff. Brks., Mo. | |
| 24. FUNERAL DIRECTOR Southern Funeral Home 6322 S. Grand, St. Louis, Mo. | | 25. REGISTRAR'S SIGNATURE Earl Smith, M.D. | |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

an amusey 11 AM SAT

Je 1-5234

on Theatre Blvd.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Samuel C. Dill

Licensed Embalmer No. 4347

P. O. Address 6322 So. Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.